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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

 DeclarationSubmitted with Initial  
Filing DeclarationSubmitted after Initial  
Filing (surcharge)  
(37 CFR 1.16 (e))  
required

Attorney Docket Number

**PR60714USw**

First Named Inventor

**David Harold DREWRY****COMPLETE IF KNOWN**

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CHEMICAL COMPOUNDS***(Title of the Invention)*

the specification of which

 is attached hereto

OR

 was filed on ( **28 January 2005** ) as United States Application Number or PCT InternationalApplication Number **PCT/US2005/003479** and was amended on (MM/DD/YYYY) *(if applicable)*.

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

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ZIP

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NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Harold****DREWRY**Inventor's  
Signature  


Date



Residence: City

State

Country

Citizenship

Durham

NC

US

US

Mailing Address

**c/o GlaxoSmithKline, Corporate Intellectual Property Dept, Five Moore Drive, PO Box 13398**

City State ZIP Country

Research Triangle Park

NC

27709

US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Kendall****JUNG**Inventor's  
Signature

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Given Name (first and middle [if any])	Family Name or Surname		
James, Andrew	LINN		
Inventor's Signature	Date		
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive PO Box 13398,			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Robert, Neil, III	HUNTER		
Inventor's Signature	Date		
Residence: City Durham	State NC	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Dennis	LEE		
Inventor's Signature	Date		
Residence: City King of Prussia	State PA	Country US	Citizenship US
Mailing Address c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398			
City Research Triangle Park	State NC	ZIP 27709	Country US

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<b>Robert, A.</b>	<b>STAVENGER</b>		
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398,</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
<b>Clark</b>	<b>SEHON</b>		
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
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Attorney Docket Number	PR60714USw
First Named Inventor	David Harold DREWRY
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**NAME OF SOLE OR FIRST INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Harold****DREWRY**Inventor's  
Signature  
*x*Date  
*x*

Residence: City

State

Country

Citizenship

Durham

NC

US

US

Mailing Address

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Or Surname**David, Kendall****JUNG**Inventor's  
Signature  
*D*

Date

*x 5/5/06*

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Inventor's Signature	Date		
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		First Named Inventor	<b>David Harold DREWRY</b>
<i>COMPLETE IF KNOWN</i>			
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(first and middle [if any])Family Name  
Or Surname**David, Harold****DREWRY**Inventor's  
Signature  
*x*Date  
*x*

Residence: City

State

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**Durham****NC****US****US**

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**Research Triangle Park****NC****27709****US****NAME OF SECOND INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
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James, Andrew		LINN	
Inventor's Signature	<i>James Andrew Linn</i>		Date 16-5-06
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
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Given Name (first and middle [if any])		Family Name or Surname	
<b>Dennis</b>		<b>LEE</b>	
Inventor's Signature			Date
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3</b>	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
<b>Robert, A.</b>		<b>STAVENGER</b>	
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398,			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
<b>Clark</b>		<b>SEHON</b>	
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Dept., Five Moore Drive, PO Box 13398			
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
<b>Mailing Address</b>			
City	State	ZIP	Country

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	<b>PR60714USw</b>
<input type="checkbox"/> Declaration Submitted with Initial Filing		First Named Inventor	<b>David Harold DREWRY</b>
<b>COMPLETE IF KNOWN</b>			
		Application Number	
		Filing Date	
		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CHEMICAL COMPOUNDS**

(Title of the Invention)

the specification of which

 is attached hereto

OR

 was filed on (**28 January 2005**) as United States Application Number or PCT InternationalApplication Number **PCT/US2005/003479** and was amended on (MM/DD/YYYY) (if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

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**DECLARATION – Utility or Design Patent Application**Direct all correspondence to:  Customer Number **23347** OR  Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

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NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Harold****DREWRY**Inventor's  
Signature  
xDate  
x

Residence: City

State

Country

Citizenship

Durham

NC

US

US

Mailing Address

**c/o GlaxoSmithKline, Corporate Intellectual Property Dept, Five Moore Drive, PO Box 13398**

City

State

ZIP

Country

Research Triangle Park

NC

27709

US

NAME OF SECOND INVENTOR:

 A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Kendall****JUNG**Inventor's  
Signature

Date

Residence: City

State

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Citizenship

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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
James, Andrew	LINN		
Inventor's Signature	Date		
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive PO Box 13398,</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Robert, Neil, III	HUNTER		
Inventor's Signature 	Date <b>6-19-06</b>		
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Dennis	LEE		
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>			
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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3</b>	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Robert, A.	<b>STAVENGER</b>		
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398,			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Clark	<b>SEHON</b>		
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Dept., Five Moore Drive, PO Box 13398			
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature	Date		
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	<b>PR60714USw</b>
<input type="checkbox"/> Declaration Submitted with Initial Filing		First Named Inventor	<b>David Harold DREWRY</b>
<b>COMPLETE IF KNOWN</b>			
		Application Number	
		Filing Date	
		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CHEMICAL COMPOUNDS**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (**28 January 2005**) as United States Application Number or PCT International

Application Number **PCT/US2005/003479** and was amended on (MM/DD/YYYY) *(if applicable)*.

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			YES	NO	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**DECLARATION – Utility or Design Patent Application**Direct all correspondence to:  Customer Number **23347** OR  Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Harold****DREWRY**Inventor's  
Signature  
xDate  
x

Residence: City

State

Country

Citizenship

**Durham****NC****US****US**

Mailing Address

**c/o GlaxoSmithKline, Corporate Intellectual Property Dept, Five Moore Drive, PO Box 13398**

City

State

ZIP

Country

**Research Triangle Park****NC****27709****US****NAME OF SECOND INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Kendall****JUNG**Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

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**Research Triangle Park****NC****27709****US**

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3</b>	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
James, Andrew	LINN		
Inventor's Signature	Date		
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive PO Box 13398,</b>			
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Inventor's Signature	Date		
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Given Name (first and middle [if any])	Family Name or Surname		
Dennis	LEE		
Inventor's Signature 	Date 		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Inventor's Signature	Date		
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Clark	<b>SEHON</b>		
Inventor's Signature	Date		
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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	<b>PR60714USw</b>
<input type="checkbox"/> Declaration Submitted with Initial Filing		First Named Inventor	<b>David Harold DREWRY</b>
<b>COMPLETE IF KNOWN</b>			
		Application Number	
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		Art Unit	
		Examiner Name	

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02/B attached hereto:

[Page 1 of 2]

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Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

**NAME OF SOLE OR FIRST INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Harold****DREWRY**Inventor's  
Signature  
xDate  
X

Residence: City

State

Country

Citizenship

**Durham****NC****US****US**

Mailing Address

**c/o GlaxoSmithKline, Corporate Intellectual Property Dept, Five Moore Drive, PO Box 13398**

City

State

ZIP

Country

**Research Triangle Park****NC****27709****US****NAME OF SECOND INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Kendall****JUNG**Inventor's  
Signature

Date

Residence: City

State

Country

Citizenship

**Durham****NC****US****US**

Mailing Address

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<b>DECLARATION</b>		<b>ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3</b>	
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
James, Andrew		LINN	
Inventor's Signature	Date		
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive PO Box 13398,</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
Robert, Neil, III		HUNTER	
Inventor's Signature	Date		
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname	
Dennis		LEE	
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>

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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Robert, A.	<b>STAVANGER</b>		
Inventor's Signature			Date <i>X 6/2/06</i>
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398,			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Clark	<b>SEHON</b>		
Inventor's Signature			Date
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
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Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
<b>Mailing Address</b>			
City	State	ZIP	Country

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	<b>PR60714USw</b>
<input type="checkbox"/> Declaration Submitted with Initial Filing		First Named Inventor	<b>David Harold DREWRY</b>
<b>COMPLETE IF KNOWN</b>			
		Application Number	
		Filing Date	
		Art Unit	
		Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**CHEMICAL COMPOUNDS**

*(Title of the Invention)*

the specification of which

is attached hereto

OR

was filed on (**28 January 2005**) as United States Application Number or PCT International

Application Number **PCT/US2005/003479** and was amended on (MM/DD/YYYY) *(if applicable)*.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**NAME OF SOLE OR FIRST INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Harold****DREWRY**Inventor's  
SignatureDate  
X

Residence: City

State

Country

Citizenship

Durham

NC

US

US

Mailing Address

**c/o GlaxoSmithKline, Corporate Intellectual Property Dept, Five Moore Drive, PO Box 13398**

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Research Triangle Park

NC

27709

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**NAME OF SECOND INVENTOR:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
Or Surname**David, Kendall****JUNG**Inventor's  
Signature

Date

Residence: City

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Given Name (first and middle [if any])	Family Name or Surname		
James, Andrew	LINN		
Inventor's Signature	Date		
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive PO Box 13398,</b>			
City <b>Research Triangle Park</b>	State <b>NC</b>	ZIP <b>27709</b>	Country <b>US</b>
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
<b>Robert, Neil, III</b>	<b>HUNTER</b>		
Inventor's Signature	Date		
Residence: City <b>Durham</b>	State <b>NC</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address <b>c/o GlaxoSmithKline, Five Moore Drive, PO Box 13398</b>			
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
<b>Dennis</b>	<b>LEE</b>		
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
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Robert, A.	<b>STAVENGER</b>		
Inventor's Signature	Date		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Department, Five Moore Drive, PO Box 13398,			
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Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Clark	<b>SEHON</b>		
Inventor's Signature 	Date <b>6/5/06</b>		
Residence: City <b>King of Prussia</b>	State <b>PA</b>	Country <b>US</b>	Citizenship <b>US</b>
Mailing Address c/o GlaxoSmithKline, Corporate Intellectual Property Dept., Five Moore Drive, PO Box 13398			
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